



STATE OF TENNESSEE  
ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower  
500 James Robertson Parkway, 3<sup>rd</sup> Floor  
Nashville, TN 37243  
615-741-1602

170 North Main, 11<sup>th</sup> Floor  
Memphis, TN 38103-1877  
901-543-7284

[www.tn.gov/abc](http://www.tn.gov/abc)

4420 Whittle Springs Road  
Knoxville, TN 37917  
865-594-6342

540 McCallie Avenue, Suite 341  
Chattanooga, TN 37402-2055  
423-634-6434



COMPLAINT AGAINST LICENSEE

- PLEASE COMPLETE THIS FORM WITH AS MANY DETAILS AS POSSIBLE
- AFTER COMPLETING THE FORM, PLEASE MAIL TO:

TN ALCOHOLIC BEVERAGE COMMISSION  
DAVY CROCKETT TOWER  
500 JAMES ROBERTSON PKWY, 3<sup>RD</sup> FLOOR  
NASHVILLE, TN 37243

INFORMATION ABOUT COMPLAINANT

It is not required that you give information about yourself. You may remain anonymous. If you prefer, you may call the TABC at 615.741-1602, and ask to speak with an Agent.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
TELEPHONE NUMBER: DAY \_\_\_\_\_ EVENING \_\_\_\_\_

INFORMATION ABOUT TABC LICENSED BUSINESS

NAME OF BUSINESS \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ NAME OF OWNER (if known) \_\_\_\_\_

NATURE OF COMPLAINT:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> DISORDERLY HOUSE                      | <input type="checkbox"/> SALES AFTER 3:00 A.M. | <input type="checkbox"/> HIDDEN OWNERSHIP |
| <input type="checkbox"/> SALES TO MINORS                       | <input type="checkbox"/> GIVING AWAY ALCOHOL   | <input type="checkbox"/> EXCESSIVE NOISE  |
| <input type="checkbox"/> SALES TO OBVIOUSLY INTOXICATED PATRON | <input type="checkbox"/> OTHER (EXPLAIN)       |   |
| <input type="checkbox"/> ILLEGAL DRUG ACTIVITIES               | <input type="checkbox"/> GAMBLING              | _____                                     |
| <input type="checkbox"/> PROSTITUTION                          | <input type="checkbox"/> LEWD CONDUCT          |   |

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

HAVE YOU FILED THIS WITH ANOTHER LAW ENFORCEMENT AGENCY? ☐ YES ☐ NO

IF YES, WHICH AGENCY? \_\_\_\_\_

OTHER DETAILS (ATTACH ADDITIONAL SHEETS AS NECESSARY):

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